

# Transition Requirements for New and Modified CAP-MR/DD Services 11-08

Provider Status	Required Provider Action	Required LME Action
<p><b>REGARDING THE NEW SERVICE, HOME SUPPORTS</b></p> <p><i>Existing</i> providers of Residential Supports, <b>OR</b> Home and Community Supports, <b>OR</b> Personal Care services, <i>who intend to provide Home Supports</i>.</p>	<p>The provider sends the signed copied <b>CAP-MR/DD Attestation Letter</b>, and the completed original DMA Addendum Application to DMA, Provider Services.</p> <p style="text-align: center;"><b>AND</b></p> <p>The provider sends the original signed <b>CAP-MR/DD Attestation Letter</b> to the LME located in the catchment area where the provider's corporate office is located, and a copy to all LMEs with whom there is a signed MOA.</p>	<p>The LME located in the catchment area where the provider's corporate office is located, is required to complete a monitoring review (<i>using the Home Supports Endorsement Checksheet and Instructions</i>) of these providers within 60 days of the implementation of the waivers or provider delivery of the service, to ensure compliance to the requirements of the Home Supports definition.</p>
<p><b>REGARDING THE NEW SERVICE, HOME SUPPORTS</b></p> <p><b>Existing</b> providers of any CAP-MR/DD service; <b>EXCEPT FOR, Residential Supports, Home and Community Supports, Personal Care services</b>; who intend to provide Home Supports.</p>	<p>The provider sends the signed, copied <b>CAP-MR/DD Attestation Letter II</b>, and the completed original DMA Addendum Application to DMA, Provider Services.</p> <p style="text-align: center;"><b>AND</b></p> <p>The provider sends the original signed <b>CAP-MR/DD Attestation Letter II</b> to the LME located in the catchment area where the provider's corporate office is located, and a copy to all LMEs with whom there is a signed MOA.</p>	<p>The LME located in the catchment area where the provider's corporate office is located, is required to complete a monitoring review (<i>using the Home Supports Endorsement Checksheet and Instructions</i>) of these providers <b>within 30 days</b> of the implementation of the waivers or provider delivery of the service, to ensure compliance to the requirements of the Home Supports definition.</p>
<p><b>Regarding the additional staff training/qualifications requirements within the modified service definitions, (Adult Day Health, Crisis Services, Day Supports, Home and Community Supports, Personal Care, Residential Supports, Respite, Supported Employment)</b></p> <p>Existing providers who intend to continue to provide these modified services.</p>	<p>The provider sends the original signed <b>CAP-MR/DD Attestation Letter</b> to the LME located in the catchment area where the provider's corporate office is located, and a copy to all LMEs with whom there is a signed MOA.</p>	<p>LMEs are required to complete a monitoring review of these providers within <b>60 days</b>, of the implementation of the waivers or provider delivery of the service, to ensure compliance to the new requirements.</p>
<p>New providers of all CAP-MR/DD services.</p>	<p>Complete endorsement and enrollment per policy</p>	<p>LME(s) complete endorsement of providers per policy .</p>